

IDAHO STATE DEPARTMENT OF EDUCATION

PO BOX 83720

BOISE, IDAHO 83720-0027

2/05

Name: _____ Telephone Number: _____

Address: _____
(Street) (City) (State)

Position Applying For: _____

If hired, how soon can you accept employment: _____

Names of relatives working for the State Department of Education: _____

EDUCATION

List below all institutions of higher education you have attended and degrees received (if any) starting with the most recent. Transcripts will be required for all finalists.

Name of Institution City/State	Degree Received/Date	Major	GPA

Describe any professional or academic honors, awards, publications and/or other evidence of professional recognition which you feel is pertinent for the position advertised. (Attach additional pages if necessary)

Do you have current professional licenses or certificates?	YES	___	NO	___
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If yes, please explain:

EMPLOYMENT

List all positions held in the last 10 years, starting with the most recent position. Employers listed may be contacted in regard to your application for the position with the State Department of Education. Three letters of recommendation are required as part of this application.

Name of Employer City/State	Dates of Employment	Position Held	Supervisor's Name	Reason for Leaving

Number of years teaching in grades K-12 _____

Number of years under contract in administration for grades K-12 _____

Please describe briefly any pertinent job responsibilities for any of the positions mentioned in the Employment section: _____

Have you ever served in the Military?	YES	___	NO	___
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If yes, complete the following information:

Type of Discharge	Date of service	Branch & Rank when discharged

Have you ever been denied Bonding or Security Clearance?	YES	___	NO	___
Have you ever been convicted of a crime other than a minor traffic violation, in any State, Federal, or Military Court?	YES	___	NO	___

For the purpose of the previous question, a conviction includes withheld judgments, deferred prosecutions, and findings of guilt based on a plea of *nolo contendere*.

Have you ever had a certificate, license, diploma, or other education credential denied, revoked, or suspended?	YES	___	NO	___
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If your answer was yes to any of the above questions, please explain circumstances fully below and, if necessary, attach additional pages. Include names and addresses of employers, institutions and administrative officers involved.

I certify that I am a U.S. citizen, permanent resident or a Foreign National with authorization to work in the United States.	YES	___	NO	___
I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration).	YES	___	NO	___

Under the laws of perjury I declare that all of the information given on this application is true and correct.

I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the State Department of Education terminated

The State Department of Education is a DRUG FREE WORKPLACE and all non-classified staff serve at the pleasure of the State Superintendent of Public Instruction.

Hiring is done without regard to race, color, religion, national origin, sex, age or disability. In addition, preference may be given to veterans who qualify under state and federal laws and regulations. If auxiliary aids or services are needed for individuals with disabilities, call (208) 332-6853 or TDD 1 (800) 377-3529.

OVERTIME NOTICE:

At the discretion of the appointing authority, compensatory time off may be provided in lieu of overtime cash compensation.

Signature _____

Date _____

AUTHORIZATION FOR RELEASE OF PERSONNEL RECORDS AND OTHER EMPLOYMENT INFORMATION

You are hereby authorized and directed to release any and all records, reports and information concerning my past, present or future employment with the State Department of Education.

Furthermore, I, _____, in consideration of the Department=s release of my personnel records and other employment information, agree to never institute any suit or action at law or in equity, including, but not limited to, any suit for defamation or negligence against the State Department of Education by reason of any claim I now have or may hereafter acquire relating to the release of my personnel records and other employment information pursuant to this release.

This authorization is freely and voluntarily given and shall be effective until revoked in writing by me.

Signature _____

Date _____

Equal Employment Opportunity Information

The State Department of Education is attempting to assure equal opportunity. Your cooperation in voluntarily furnishing the information requested below would be appreciated. This information will be kept confidential and separate from the application process.

Racial/Ethnic Group

Black _____ American Indian or Alaskan Native _____

White _____ Asian _____

Hispanic _____ Other _____

Sex

Male _____ Female _____

Please check if any of the following are applicable:

Veteran _____ Vietnam Veteran _____ Disabled Veteran _____

Disabled Individual _____

How did you learn of this position? _____

Hiring decisions are made without regard to race, color, religion, national origin, sex, age, or disability. Appropriate consideration shall be given to veterans in accordance with applicable state and federal laws and regulations.

Send your completed application to:

**Nancy Grigsby, Human Resource Specialist
Idaho State Department of Education
P.O. Box 83720
Boise, ID 83720-0027**

The State Department of Education is an Equal Opportunity Employer